PTO/SB/17 (10-08)
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	Effective on 12/08/2004				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009				Application Number 10/541,500-C			onf. #2009		
				Filing Date Ju		aly 7, 2005			
				First Named Inventor Ya		asutaka Ogasawara			
				Examiner Name G		9. W. Li			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 2446						
TOTAL AMOUNT OF PAYMENT (\$) 670.00				Attorney Docket No. SON-3141					
METHOD OF	PAYMENT (check	all that apply)	_						
Check	Credit Card	Money Order	Noi	ٔ لــا	please identify				
x Deposit Ace	count Deposit Account	Number: 18-	0013	Deposit	Account Name:	Rader, Fishn	nan & Gra	auer PLLC	
For the	above-identified depo	sit account, the D	irector is	hereby authorize	ed to: (check	k all that apply)			
× Ct	narge fee(s) indicated	below		Charge	e fee(s) indi	icated below, ex	cept for t	he filing fe	
	narge any additional f e(s) under 37 CFR 1.		ments o	f x Credit	any overpa	yments			
FEE CALCUL									
1. BASIC FILING	G, SEARCH, AND E			• 5011 5550	5 3745451	ATION 5550			
Application Ty		LING FEES Small Entity Fee (\$)	SE/	ARCH FEES Small Entity Fee (\$)	EXAMINA Fee (\$)	ATION FEES Small Entity Fee (\$)	Fees	Paid (\$)	
Utility	330	165	540	270	220	110	1000	<u>, aia (4)</u>	
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CLA	AIM FEES							Small Entit	
Fee Description Each claim over	· 20 (including Reiss	ues)					Fee (\$) 52	<u>Fee (\$)</u> 26	
	nt claim over 3 (incl						220	110	
Multiple depend	dent claims						390	195	
Total Claims	Extra Claims	<u>Fee (\$)</u>	F	ee Paid (\$)	<u>M</u> u	Multiple Dependent Claims			
	- or HP =				<u>Fe</u>		ee Paid (<u>\$)</u>	
	ber of total claims paid for		_	aa Daid (#\					
Indep. Claims	Extra Claims or HP =	<u>Fee (\$)</u>		ee Paid (\$)					
	ber of independent claims	-	n 3.						
3. APPLICATIO	N SIZE FEE								
If the specifica	tion and drawings exert 37 CFR 1.52(e)),							50	
	action thereof. See 3	, , , ,							
Total Sheet	<u>Extra Sheet</u> - 100 =			round up to a who			<u>Fee</u>	Paid (\$)	
4. OTHER FEE(,	Fees	Paid (\$)	
Non-English	Specification, \$13	0 fee (no small en	tity disc	ount)					
Other (e.g., late filing surcharge): 1251 Extension for response within first month 1401 Notice of appeal							130.00 540.00		
SUBMITTED BY	//	//		-					
Signature	10	10,29	0	Registration No. (Attorney/Agent)	40,290 24,104	Telephone	(202) 955-3750		
Name (Print/Type)	Christopher M. To	ristopher M. Tobin				Date	April 29	9, 2009	